FORM D



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL				
OMB Number:	3235-0076			
Expires:	May 31, 2005			
Estimated average burden				
hours per respo-	nse 16.00			

SEC US	E ONLY
Prefix	Serial
DATE RE	CEIVED
- St.	1

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	A PROUNTED	2
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	O ULOEY NOT 149	003
A. BASIC IDENTIFICATION DATA		
1. Enter the information requested about the issuer	Act .	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	C. TOT	
Extrude Hone Corporation		
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Includ	ing Area Code)
One Industry Boulevard Irwin, PA 15642 Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Same as Above Brief Description of Business	(724) 863-5900 Telephone Number (Include	ling Area Code)
Sale, manufacture, fabrication and assembly of industrial products. Type of Business Organization Corporation limited partnership, already formed other (1 machinery and re	PROCESSE!
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for Stat CN for Canada; FN for other foreign jurisdiction)	imated e: 0]: <u>H</u>	THOMSON FINANCIAL
GENERAL INSTRUCTIONS		
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D 77d(6). When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering		•
and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given by which it is due, on the date it was mailed by United States registered or certified mail to that address.	below or, if received at that address	ess after the date on
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20	0549.	`
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manual photocopies of the manually signed copy or bear typed or printed signatures.	lly signed. Any copies not manu	ally signed must be
Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously supported by the SEC.		
Filing Fee: There is no federal filing fee.		
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law this notice and must be completed.	Securities Administrator in eac or the exemption, a fee in the p	th state where sales roper amount shall
ATTENTION		
Failure to file notice in the appropriate states will not result in a loss of the federal e appropriate federal notice will not result in a loss of an available state exemption unl filing of a federal notice.	exemption. Conversely, fai	lure to file the lictated on the



A. BASIC IDENTIFICATION DATA	
2. Enter the information requested for the following:	
 Each promoter of the issuer, if the issuer has been organized within the past five years; 	
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of	of a class of equity securities of the issuer.
Each executive officer and director of corporate issuers and of corporate general and managing partners or	f partnership issuers; and
Each general and managing partner of partnership issuers.	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or
	Managing Partner
Full Name (Last name first, if individual)	· · · · · · · · · · · · · · · · · · ·
See list attached hereto as Schedule A/2.	
Business or Residence Address (Number and Street, City, State, Zip Code)	,
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer X Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
See list attached hereto as Schedule A.2.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter \(\) Beneficial Owner \(\) Executive Officer \(\) Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
See list attached hereto as Schedule A.2.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or
	Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or
	Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
	Conord and/or
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	

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,	II oo th	iaanan aal	d or door t	aa isawar i	ntand to ca	ell to non a	accredited	investors i	n this offer	ring?	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	No
1.	rias un	: 188uet 801	a, or does a			n Appendíx				_	***************************************		X
2.	What i	s the minim	num investn			• •	•				**************	s 10	0,000
	7, 1120					- p	,					Yes	No
3.	Does th	ne offering	permit join	t ownersh	ip of a sing	gle unit?			••••				Ž
4.	commis If a per or state	ssion or sim son to be lists, list the n	nilar remune sted is an ass	ration for sociated pe roker or d	solicitation erson or ag ealer. If m	n of purchas ent of a broi ore than fiv	ers in conn ker or deale e (5) perso	ection with er registere ns to be list	sales of se d with the s ted are asso	curities in 1 SEC and/or	lirectly, any the offering. with a state sons of such		
Ful	l Name (Last name	first, if indi	vidual)									
	/A					·	71 0 1						
Bus	siness or	Residence	Address (N	umber an	d Street, C	ity, State, 2	Lip Code)						
Nar	ne of As	sociated Br	roker or De	aler	-								
Stat	tes in W	nich Persor	Listed Has	Solicited	or Intende	to Solicit	Purchasers						
	(Check	"All States	s" or check	individua	States)						••••••	☐ Al	I States
	AL IL MT RI	AK IN NE SC	AZ IA / NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Full	l Name (Last name	first, if indi	vidual)	_ _								
Bus	iness or	Residence	: Address (N	Jumber an	d Street, C	City, State,	Zip Code)						
Nan	ne of As	sociated Br	roker or Deg	ıler									
Stat	es in Wh	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	or check	individual	States)								l States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Full	Name (Last name	first, if indi	vidual)									
Bus	iness or	Residence	Address (N	Jumber an	d Street, C	Sity, State, 2	Zip Code)	·				<u>.</u>	
Nan	ne of As	sociated Br	oker or Dea	iler									
Stat	es in Wi	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	or check	individual	States)				•••••	······································		☐ Al	l States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. Offering price: Number of investors, expenses and use of proceeds:

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	5,000,000	\$ 5,000,000
	Equity	3	\$
	Common Preferred		
	Convertible Securities (including warrants)	1,383,690	§ 1,383,690
	Partnership Interests		
	Other (Specify)		
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.		¥ <u></u>
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	2	\$ 6,383,690
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	·	Type of	Dollar Amount
٠	Type of Offering	Security	Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	X	\$ 25,000
	Accounting Fees		\$
	Engineering Fees	_	\$
	Sales Commissions (specify finders' fees separately)	_	\$
	Other Expenses (identify) Blue Sky Fees	_	\$ 850
	Total	_	\$25,850

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PI	ROCEEDS	
b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		s_6,357,840.00
5. Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
	Payments to Officers, Directors, & Affiliates	Payments to Others
Salaries and fees] \$	
Purchase of real estate] \$	\$
Purchase, rental or leasing and installation of machinery and equipment] \$	\$
Construction or leasing of plant buildings and facilities	\$	\$
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	\$	□\$
Repayment of indebtedness		
Working capital	\$	XX \$6,357,840.00
Other (specify):		
	\$	<u> </u>
Column Totals	\$	XX\$ <u>6,357,84</u> 0.00
Total Payments Listed (column totals added)		
D. FEDERAL SIGNATURE		
The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Ru	on, upon writter	
Issuer (Print or Type) Signature Da		
Extrude Hone Corporation	9/29/0	75
Name of Signer (Print or Type) Title of Signer (Print or Type)		
Lawrence J. Rhoades President		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

EXTRUDE HONE CORPORATION SCHEDULE A.2. TO FORM D

Directors:

Name	Address
Lawrence J. Rhoades	One Industry Boulevard, Irwin, PA 15642
C. Gary Dinsel	One Industry Boulevard, Irwin, PA 15642
Peter Gosger	One Industry Boulevard, Irwin, PA 15642
Gary Lunger	One Industry Boulevard, Irwin, PA 15642
James Farley	One Industry Boulevard, Irwin, PA 15642
Kent Logan	One Industry Boulevard, Irwin, PA 15642

Ronald A. Sonego

James Colker

One Industry Boulevard, Irwin, PA 15642

One Industry Boulevard, Irwin, PA 15642

Dr. Heinz Schulte

One Industry Boulevard, Irwin, PA 15642

Officer:

Name	litle	Address
Lawrence J. Rhoades	President	One Industry Boulevard, Irwin, PA 15642
C. Gary Dinsel	Vice President/ Secretary	One Industry Boulevard, Irwin, PA 15642
Peter Gosger	Vice President	One Industry Boulevard, Irwin, PA 15642
Doris Pedersen	Treasurer	One Industry Boulevard, Irwin, PA 15642

Beneficial Owners:

Name	Shares
Lawrence J. Rhoades	5,526
C. Gary Dinsel	737
Berg House, LLC	737